



NHPA Scholarship Foundation Annual Silent Auction Auction Donation Form

Business/Name of contact person: _____

Address: _____

Telephone No. _____ E-mail _____

Donation: _____

Brief Description _____

Donation Value: _____ Do you wish a minimum bid? _____ If so, amount? _____

If donation is an event, proposed date and time: _____

Donation Deliver: Date _____ Time _____

Donation Pick-up: Date _____ Time _____

NHPA Scholarship Foundation - Non-Profit ID number: 45-448284

Attn: Cheryl Abel

1260 Elm St.

Manchester, NH 03101

Email: nhpascholarship@gmail.com

**THANK YOU FOR SUPPORTING The NHPA Scholarship Foundation
OVER 100 YEARS OF SUPPORTING FUTURE PHARMACISTS!**